

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032275

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8459

VS 300
Rev. 4/591
2 218
3
4 1
5 1
6
7 2
8 2
9
10
11
12 90-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4303 W. Clayton		d. STREET ADDRESS (If outside, give location) 4303 W. Clayton	
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH Thoma BEUTENMILLER		4. DATE OF DEATH Month Day Year Aug. 30 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-21-1891
9. AGE (last birthday) 70		10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Dominic Thoma		13b. MOTHER'S MAIDEN NAME Anna Hoag	
14. NAME OF HUSBAND OR WIFE Ernst Beutenmiller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No None	
16. SOCIAL SECURITY NO.		17. INFORMANT Ernst Beutenmiller 4303 W. Clayton	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Rt Breast with extensive osseous metastasis 170 x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Nov 1958	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 1958 to Aug 30, 1962 and last saw her alive on Aug 28, 1962 Death occurred at 6:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Rogald Wein M.D.	
22b. ADDRESS 3720 Washington		22c. DATE SIGNED 8-31-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Sep. 1, 1962	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. AUG 31 1962	
26. REGISTRAR'S SIGNATURE Rogald Wein M.D.		27. REGISTRAR'S SIGNATURE Rogald Wein M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICSTATEMENTBYILICENSED EMBALMER

I hereby certify that herebycertify,that,athe body,whose name is,recorded on the reverse side of this certificate was embalmed by me,

or by _____ or by _____, Student Embalmer No. _____

working under my ~~working under my~~ personal supervision.

Student _____ Student _____ Signed _____ Signed *Edwin A. McSwain*
Signature of Student EmbSignature of Student Embalmer

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above Note: ~~The above~~ MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above con,withthe,above constitutes grounds for revocation of license).

If embalmed by a ~~stf~~ embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not ~~elf~~ if this body is not embalmed, fact should be so stated above.